

## Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	03-FEB-05 02:30

# Crosswalk Report

Status : FN                      Substance Abuse and Mental Health Services Administration  
Media ID : DARTS                      Office of Applied Studie  
Start Date : 01-JAN-90  
End Date :  
Follow-up :

Illinois' Treatment Episode Data Set  
Version : 1

K = Key Field		System	<i>Illinois</i>
Item		Item	
No.	Treatment Episode Data Set	Value	State System Data
1	System Transaction Type	-	System Transaction Type Added to Each Record
K 2	State Code	IL	FIPS Code Added to Each Record
3	Reporting Date	-	Month and Year of Submission Added to Each Record

# Crosswalk Report

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Illinois' Treatment Episode Data Set  
Version : 1

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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

<b>K 1</b>	<b>Provider Identifier</b>	-	<b>Provider</b>
	No longer effective as of: 02-29-1996		

<b>K 1</b>	<b>Provider Identifier</b>	-	<b>Provider</b>
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<b>K 2</b>	<b>Client Identifier (Admission)</b>	-	<b>Client's SSN</b>
	No longer effective as of: 02-29-1996		

<b>K 2</b>	<b>Client Identifier (Admission)</b>	-	<b>Client's SSN</b>
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<b>K 3</b>	<b>Co-Dependent/Collateral</b>	-	<b>Problem Area</b>
	2 No		1 Alcohol
	2 No		2 Drugs
	2 No		3 Both Alcohol and Drugs
	1 Yes		4 Not Applicable
	1 Yes		5 No Diagnosis

<b>K 4</b>	<b>Client Transaction Type</b>	-	<b>Services Dates</b>
	A Initial Admission	-	1st Service Date
	T Transfer/Change in Service	-	2nd Service Date

<b>K 5</b>	<b>Date of Admission</b>	-	<b>Open Date</b>
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# Crosswalk Report

Illinois' Treatment Episode Data Set  
Version : 1

K = Key Field		Minimum		<i>Illinois</i>	
Item		Item			
No.	Treatment Episode Data Set		Value	State System Data	
<hr/>					
6	Number of Prior Treatment Episodes	-	Prior Treatment Episodes		
	0		A	0	
	1		B	1	
	2		C	2	
	3		D	3	
	4		E	4	
	5	Or More	F	5 or More	
	7	Unknown	G	Unknown	

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State System Data

7	Principal Source of Referral	-	Referral Source
03	Other Health Care Provider	01	Hospital/Physician
06	Other Community Referral	02	Alcoholics Anonymous
07	Court/Criminal Justice/DUI/DWI	03	Local Corrections
07	Court/Criminal Justice/DUI/DWI	04	State Corrections
05	Employer/EAP	05	Employer
01	Individual (includes self-referral))	06	Family
01	Individual (includes self-referral))	07	Self
04	School (Educational)	08	School
02	Alcohol/Drug Abuse Provider	09	Other State Agency
07	Court/Criminal Justice/DUI/DWI	10	State Law Enforcement Authority
07	Court/Criminal Justice/DUI/DWI	11	County Law Enforcement Authority
02	Alcohol/Drug Abuse Provider	14	DASA
03	Other Health Care Provider	15	Case Manager DMHDD
03	Other Health Care Provider	16	DMHDD Intake Program
06	Other Community Referral	17	Protection & Advocacy Authority
06	Other Community Referral	18	Guardianship & Advocacy Authority
07	Court/Criminal Justice/DUI/DWI	19	Court
03	Other Health Care Provider	20	DCFS
07	Court/Criminal Justice/DUI/DWI	21	TASC
06	Other Community Referral	22	Families with a Future
07	Court/Criminal Justice/DUI/DWI	23	DUI
07	Court/Criminal Justice/DUI/DWI	24	States Attorney
07	Court/Criminal Justice/DUI/DWI	25	Private Attorney
07	Court/Criminal Justice/DUI/DWI	26	Public Defender
07	Court/Criminal Justice/DUI/DWI	27	Out of State
07	Court/Criminal Justice/DUI/DWI	28	Probation

No longer effective as of: 02-29-1996

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State System Data

7	Principal Source of Referral	-	Referral Source
03	Other Health Care Provider	01	Hospital/Physician
06	Other Community Referral	02	Alcoholics Anonymous
07	Court/Criminal Justice/DUI/DWI	03	Local Corrections
07	Court/Criminal Justice/DUI/DWI	04	State Corrections
05	Employer/EAP	05	Employer
01	Individual (includes self-referral))	06	Family
01	Individual (includes self-referral))	07	Self
04	School (Educational)	08	School
02	Alcohol/Drug Abuse Provider	09	Other State Agency
07	Court/Criminal Justice/DUI/DWI	10	State Law Enforcement Authority
07	Court/Criminal Justice/DUI/DWI	11	County Law Enforcement Authority
02	Alcohol/Drug Abuse Provider	14	DASA
03	Other Health Care Provider	15	Case Manager DMHDD
03	Other Health Care Provider	16	DMHDD Intake Program
06	Other Community Referral	17	Protection & Advocacy Authority
06	Other Community Referral	18	Guardianship & Advocacy Authority
07	Court/Criminal Justice/DUI/DWI	19	Court
03	Other Health Care Provider	20	DCFS
07	Court/Criminal Justice/DUI/DWI	21	TASC
06	Other Community Referral	22	Families with a Future
07	Court/Criminal Justice/DUI/DWI	23	DUI
07	Court/Criminal Justice/DUI/DWI	24	States Attorney
07	Court/Criminal Justice/DUI/DWI	25	Private Attorney
07	Court/Criminal Justice/DUI/DWI	26	Public Defender
07	Court/Criminal Justice/DUI/DWI	27	Out of State
07	Court/Criminal Justice/DUI/DWI	28	Probation
07	Court/Criminal Justice/DUI/DWI	29	Pretrial Officer
07	Court/Criminal Justice/DUI/DWI	30	Home Confinement Officer
07	Court/Criminal Justice/DUI/DWI	31	FOD
06	Other Community Referral	33	Faith Community
06	Other Community Referral	34	Head Start
05	Employer/EAP	35	Labor ( Job Corps )
06	Other Community Referral	36	Outreach Programs

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>7</b>	<b>Principal Source of Referral</b>	-	<b>Referral Source</b>	
06	Other Community Referral		37	Promotions
<b>8</b>	<b>Date of Birth</b>	-	<b>Birth</b>	
<b>9</b>	<b>Sex</b>	-	<b>Sex</b>	
2	Female		F	Female
1	Male		M	Male
<b>10</b>	<b>Race</b>	-	<b>Race</b>	
02	American Indian ( Other than Alaskan Native)		1	American Indian
01	Alaska Native (Aleut, Eskimo, Indian)		2	Alaskan Native
03	Asian or Pacific Islander		3	Asian or Pacific Islander
04	Black or African American		4	Black, Not of Hispanic Origin
05	White		5	White, Not of Hispanic Origin
20	Other		6	Hispanic, Puerto Rican
20	Other		7	Hispanic, Mexican
20	Other		8	Hispanic, Cuban
20	Other		9	Other
13	Asian			
23	Native Hawaiians or Other Pacific Islanders			
No longer effective as of: 02-29-1996				

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Item		Item	
No.	Treatment Episode Data Set	Value	State System Data
<b>10</b>	<b>Race</b>	-	<b>Race</b>
20	Other	0	Hispanic, Other
02	American Indian ( Other than Alaskan Native)	1	American Indian
01	Alaska Native (Aleut, Eskimo, Indian)	2	Alaskan Native
03	Asian or Pacific Islander	3	Asian or Pacific Islander
04	Black or African American	4	Black, Not of Hispanic Origin
05	White	5	White, Not of Hispanic Origin
20	Other	6	Hispanic, Puerto Rican
20	Other	7	Hispanic, Mexican
20	Other	8	Hispanic, Cuban
20	Other	9	Other
13	Asian		
23	Native Hawaiians or Other Pacific Islanders		

<b>11</b>	<b>Ethnicity</b>	-	<b>Part of Race</b>
05	Not of Hispanic Origin	4	Black, Not of Hispanic Origin
05	Not of Hispanic Origin	5	White, Not of Hispanic Origin
01	Puerto Rican	6	Hispanic, Puerto Rican
02	Mexican	7	Hispanic, Mexican
03	Cuban	8	Hispanic, Cuban
05	Not of Hispanic Origin	9	Other

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State System Data

**11 Ethnicity**

-

**Part of Race**

04	Other Specific Hispanic	0	Hispanic, Other
05	Not of Hispanic Origin	4	Black, Not of Hispanic Origin
05	Not of Hispanic Origin	5	White, Not of Hispanic Origin
01	Puerto Rican	6	Hispanic, Puerto Rican
02	Mexican	7	Hispanic, Mexican
03	Cuban	8	Hispanic, Cuban
05	Not of Hispanic Origin	9	Other

**12 Education**

-

**Education Level**

No longer effective as of: 06-30-0997

**12 Education**

-

**Education Level**

00	Less Than One Grade Completed	00-11	Completed grades 0 -11
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	00-11	Completed grades 0 -11
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	12	Completed grade 12
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	13-15	Completed grades 13 -15
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	16	Completed grade 16
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	17	Completed grade 17
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	18-25	Completed grades 18-25

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No.	Treatment Episode Data Set	Item	Value	State System Data
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<b>13</b>	<b>Employment Status</b>	-	<b>Employment Status</b>	
04	Not in Labor Force	A	Unemployed, has not Sought Employment in Last 30 Days	
03	Unemployed	B	Unemployed, has Sought Employment in Last 30 days	
02	Part Time	C	Part-Time	
01	Full Time	D	Full Time	
04	Not in Labor Force	E	Retired	
04	Not in Labor Force	F	Homemaker	
04	Not in Labor Force	G	Full-Time Student	
01	Full Time	H	Employed, but not Working due to Extended Illness, Furlough or Strike	
97	Unknown	J	Other	

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14	Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiat-14C)	-	Substance Abused, Primary, Secondary, Tertiary
01	None	00	None
05	Heroin	A1	Heroin
05	Heroin	A2	Karachi
06	Non-Prescription Methadone	A3	Non-Rx Methadone
07	Other Opiates and Synthetics	A4	Dilaudid
07	Other Opiates and Synthetics	A5	Other Opioids
02	Alcohol	B1	Alcohol
12	Other Stimulants	C1	Nicotine
13	Benzodiazepine	D1	Benzodiazepines
15	Barbiturates	D2	Barbiturates
16	Other Sedatives or Hypnotics	D3	Non-Bartbiturate
11	Other Amphetamines	E1	Amphetamines
10	Methamphetamine	E2	Methamphetamine
03	Cocaine, Crack	E3	Cocaine
03	Cocaine, Crack	E4	Base Cocaine
03	Cocaine, Crack	E5	Crack
08	PCP	F1	PCP
17	Inhalants	G1	Inhalants
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)	H1	Marijuana
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)	H2	Hashish
09	Other Hallucinogens	I1	Hallucinogens
18	Over-the-Counter	J1	Over-the-Counter
20	Other	K1	Other

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>15</b>	<b>Usual Route of Administration ( Primary-15A, Secondary-15B, Tertiari-15C)</b>	-		<b>Administration Route</b>
01	Oral	1	Oral	
02	Smoking	2	Smoking	
03	Inhalation	3	Inhalation	
04	Injection (IV or intramuscular)	4	Intramuscular	
04	Injection (IV or intramuscular)	5	Intravenous	
20	Other	7	Other	
<b>16</b>	<b>Frequency of Use ( Primary-16A, Secondary-16B, Tertiary-16C)</b>	-		<b>Frequency of Use</b>
01	No past month use	1	No Use During Month Prior to Admission	
02	1-3 times in past month	2	Less Than Once per Week	
03	1-2 times per week	3	Once per Week	
04	3-6 times per week	4	Several Times per Week	
05	Daily	5	Once Daily	
05	Daily	6	Two or Three Times Daily	
05	Daily	7	More Than Three Times Daily	
97	Unknown	8	Frequency Unknown	
98	Not Collected	9	Not Applicable	
<b>17</b>	<b>Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)</b>	-		<b>Age First Used</b>
00-95	Indicates The Age at First Use	01-96	01-96	

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State System Data

<b>K 18</b>	<b>Type of Services</b>	<b>PC, SC</b>	<b>Program Codes, Setting Codes</b>
05	Long-term, ( more than 30 days)		(PC), - Maintenance
07	Non-Intensive Outpatient		(PC), Early Intervention & Drug Free 02
07	Non-Intensive Outpatient		(PC), Early Intervention 07
02	Free-standing Residential ( Detox, 24 hour Service)		(PC), Intervention 21
05	Long-term, ( more than 30 days)		(PC), Treatment 30
04	Short-term, ( 30 days or fewer)		(SC), - Halfway House
05	Long-term, ( more than 30 days)		(SC), Drug Free & Methadone 03
05	Long-term, ( more than 30 days)		(SC), Methadone 05
05	Long-term, ( more than 30 days)		(SC), Drug Free 06
05	Long-term, ( more than 30 days)		(SC), Sanctuary 40
02	Free-standing Residential ( Detox, 24 hour Service)		(SC), Detoxification DX
05	Long-term, ( more than 30 days)		(SC), Recovery House HH
07	Non-Intensive Outpatient		(SC), Outpatient OP
06	Intensive Outpatient		(SC), Intensive Outpatient Rehab OR
05	Long-term, ( more than 30 days)		(SC), - RH
04	Short-term, ( 30 days or fewer)		(SC), Residential Rehabilitation RR
No longer effective as of: 02-29-1996			

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State System Data

<b>K 18</b>	<b>Type of Services</b>	<b>SC</b>	<b>Setting Codes</b>
01	Hospital Inpatient ( Detox, 24 hour Service)		(SC), Hospital Detox DX
02	Free-standing Residential ( Detox, 24 hour Service)		(SC), Detoxification DX0
05	Long-term, ( more than 30 days)		(SC), Halfway House HH
05	Long-term, ( more than 30 days)		(SC), Long Term Residential/Maintenance LT
06	Intensive Outpatient		(SC), Intensive Outpatient Rehab OR
07	Non-Intensive Outpatient		(SC),P Outpatient O
05	Long-term, ( more than 30 days)		(SC),S Sanctuary N
04	Short-term, ( 30 days or fewer)		(SC),S Short Term Residential T
04	Short-term, ( 30 days or fewer)	--	Provider Number and Seeting Code (SC) equal to ST or LT
01	Hospital Inpatient ( Detox, 24 hour Service)	--	Provider Number

<b>19</b>	<b>Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual</b>	<b>-</b>	<b>Methadone Client</b>
2	No	N	No
1	Yes	Y	Yes

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State System Data

**1 Detail Drug Code, Primary - Not Collected**

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**1 Detail Drug Code, Primary - Primary Drug of Abuse**

0501	Heroin/Morphine	A1	Heroin
0201	Alcohol	A1	Alcohol
0501	Heroin/Morphine	A2	Morphine
0601	Methadone	A3	Non RX Methadone
0302	Other Cocaine	E3	Cocaine
0302	Other Cocaine	E4	Base Cocaine
0301	Crack	E5	Crack Cocaine
0401	Marijuana/Hashish	H1	Marijuana
0401	Marijuana/Hashish	H2	Hashish
1103	Methyleneioxymethamphetamine (MDMA, Ecstasy)		
1606	Flunitrazepam (Rohypnol)		
1607	GHB/GBL ( gamma- hydroxybutyrate, gamma- butyrolactone)		
1608	Ketamine ( Special K)		
1609	Clonazepam (Klonopin, Rivotril)		

**2 Detail Drug Code, Secondary - Not Collected**

**3 Detail Drug Code, Tertiary - Not Collected**

**4 DSM Diagnosis - Not Collected**

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**4 DSM Diagnosis - Medical Diagnosis**

####.	DSM III-R Category	####.#	###.##
##		#	

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No. Treatment Episode Data Set

**5 Psychiatric Problem in Addition to Alcohol or Drug Problem - Not Collected**

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**5 Psychiatric Problem in Addition to Alcohol or Drug Problem - Dual Diagnosis Special Population Code**

2	No	N	No
1	Yes	Y	Yes

**6 Pregnant at Time of Admission - Pregnant at Open**

2	No	N	No
1	Yes	Y	Yes

**7 Veteran Status - Veteran**

2	No	N	No
1	Yes	Y	Yes

**8 Living Arrangements - Living Arrangement**

03	Independent Living	1	Alone
02	Dependent Living	2	Community Living
02	Dependent Living	3	Family
03	Independent Living	4	Friends
97	Unknown	5	Other
01	Homeless	6	Homeless
01	Homeless	7	State Institutions



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Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>9</b>	<b>Source of Income/Support</b>	-		<b>Income Status</b>
01	Wages/Salary		1	Wages/Salary
02	Public Assistance		2	Public Assistance
03	Retirement/Pension		3	Retirement/Pension
04	Disability		4	Disability
20	Other		5	Other
21	None		6	None
<b>10</b>	<b>Health Insurance</b>	-		<b>Insurance Type</b>
21	None		A	No Health Insurance
02	Blue Cross/Blue Shield		B	Blue Cross/Blue Shield
01	Private Insurance (other than BCBS or HMO)		C	Other Private Insurance
03	Medicare		D	Medicare
20	Other (e.g. TriCare, Champus)		E	CHAMPUS
20	Other (e.g. TriCare, Champus)		F	Other Public Funds for Health Care
04	Medicaid		G	Medicaid (01) Aged
04	Medicaid		H	Medicaid (91) Aged
04	Medicaid		I	Medicaid (02) Blind
04	Medicaid		J	Medicaid (92) Blind
04	Medicaid		K	Medicaid (03) Disabled
04	Medicaid		L	Medicaid (93) Disabled
04	Medicaid		M	Medicaid (P3) Disabled
04	Medicaid		N	Medicaid (04) ADC
04	Medicaid		O	Medicaid (94) ADC
04	Medicaid		P	Medicaid (06) ADC
04	Medicaid		Q	Medicaid (96) ADC
04	Medicaid		R	Medicaid (98) DCFS Wards
04	Medicaid		S	Medicaid (00) Refugee
04	Medicaid		T	Medicaid (90) Refugee
04	Medicaid		U	Medicaid (07) GA
04	Medicaid		V	Medicaid (97) GA

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11	Expected/Actual Primary Source of Payment	-	Health Insurance
02	Blue Cross/Blue Shield	B	Blue Cross/Blue Shield
07	Other Health Insurance Companies	C	Other Health Care Insurance
03	Medicare	D	Medicare
05	Other Government Payments	F	Other Public Funds for Health Care
04	Medicaid	G	Medicaid (01) Aged
04	Medicaid	H	Medicaid (91) Aged
04	Medicaid	I	Medicaid (02) Blind
04	Medicaid	J	Medicaid (92) Blind
04	Medicaid	K	Medicaid (03) Disabled
04	Medicaid	L	Medicaid (93) Disabled
04	Medicaid	M	Medicaid (P3) Disabled
04	Medicaid	N	Medicaid (04) ADC
04	Medicaid	O	Medicaid (94) ADC
04	Medicaid	P	Medicaid (06) ADC
04	Medicaid	Q	Medicaid (96) ADC
04	Medicaid	R	Medicaid (98) DCFS Wards
04	Medicaid	S	Medicaid (00) Refugee
04	Medicaid	T	Medicaid (90) Refugee
04	Medicaid	U	Medicaid (07) GA
04	Medicaid	V	Medicaid (97) GA

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No.	Treatment Episode Data Set	Item	Value	State System Data
<b>12</b>	<b>Detailed Not in Labor Force</b>	<b>EMS, ES,SP</b>	<b>Empl. Status, Ed. Status, Special Population, Living Arrangement</b>	
03	Retired		EMS, Employment Status, Retired E	
01	Homemaker		EMS, Employment Status, Homemaker F	
02	Student		EMS, Employment Status, Full Time Student, G,ES, Education Status, Yes Y	
06	Other		J Employment Status	
05	Inmate of Institution ( Prison or Institution - keeps people out of work force)		LA,J Living Arrangement, State Institution	
04	Disabled		SP,A Special Population, Disabled	

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13	Detailed Criminal Justice Referral Categories	-	Referral Source
04	Other Recognized Legal Entity ( Local Law, Corr. Agency, Youth Ser., Review Board	03	Local Corrections
06	Prison	04	State Corrections
02	Other Court ( Not State or Federal)	10	State Law Enforcement
02	Other Court ( Not State or Federal)	12	Municipal Law Enforcement
02	Other Court ( Not State or Federal)	13	Other Law Enforcement
02	Other Court ( Not State or Federal)	17	Protection & Advocacy Authority
02	Other Court ( Not State or Federal)	18	Guardianship & Advocacy Commission
01	State/Federal Court	19	Court
05	Diversionary Program (E.G. TASC)	21	TASC
07	DUI/DWI	23	DUI
04	Other Recognized Legal Entity ( Local Law, Corr. Agency, Youth Ser., Review Board	24	States Attorney
08	Other	25	Private Attorney
04	Other Recognized Legal Entity ( Local Law, Corr. Agency, Youth Ser., Review Board	26	Public Defender
04	Other Recognized Legal Entity ( Local Law, Corr. Agency, Youth Ser., Review Board	27	Out of State CJS
03	Probation/Parole	28	Probation

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Item		Item	Value	State System Data
No.	Treatment Episode Data Set			
<b>13</b>	<b>Detailed Criminal Justice Referral Categories</b>	-	<b>Referral Source</b>	
04	Other Recognized Legal Entity ( Local Law, Corr. Agency, Youth Ser., Review Board	03	Local Corrections	
06	Prison	04	State Corrections	
02	Other Court ( Not State or Federal)	10	State Law Enforcement	
02	Other Court ( Not State or Federal)	12	Municipal Law Enforcement	
02	Other Court ( Not State or Federal)	13	Other Law Enforcement	
02	Other Court ( Not State or Federal)	17	Protection & Advocacy Authority	
02	Other Court ( Not State or Federal)	18	Guardianship & Advocacy Commission	
01	State/Federal Court	19	Court	
05	Diversionary Program (E.G. TASC)	21	TASC	
07	DUI/DWI	23	DUI	
04	Other Recognized Legal Entity ( Local Law, Corr. Agency, Youth Ser., Review Board	24	States Attorney	
08	Other	25	Private Attorney	
04	Other Recognized Legal Entity ( Local Law, Corr. Agency, Youth Ser., Review Board	26	Public Defender	
04	Other Recognized Legal Entity ( Local Law, Corr. Agency, Youth Ser., Review Board	27	Out of State CJS	
03	Probation/Parole	28	Probation	
04	Other Recognized Legal Entity ( Local Law, Corr. Agency, Youth Ser., Review Board	29	Pretrial Officer	
04	Other Recognized Legal Entity ( Local Law, Corr. Agency, Youth Ser., Review Board	30	Home Confinement Officer	

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14	Marital Status	-	Marital Status
01	Never Married	1	Never married
02	Now Married or Cohabiting	2	Married
05	Widowed	3	Widowed
04	Divorced	4	Divorced
03	Separated (legally or otherwise absent)	5	Separated

No longer effective as of: 02-29-1996

14	Marital Status	-	Marital Status
01	Never Married	1	Never married
02	Now Married or Cohabiting	2	Married
05	Widowed	3	Widowed
04	Divorced	4	Divorced
03	Separated (legally or otherwise absent)	5	Separated
02	Now Married or Cohabiting	6	Remarried

15	Days Waiting to Enter Treatment	-	From Waiting List
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Illinois' Treatment Episode Data Set  
Version : 1

K = Key Field

Discharge

Illinois

Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>104</b>	<b>Provider ID (At Discharge)</b>	-		<b>Provider Id At Discharge</b>
<b>105</b>	<b>Client Identifier - (At Discharge)</b>	-		<b>Client Identifier At Discharge</b>
<b>106</b>	<b>Co-Dependent/Collateral At Discharge</b>	-		<b>Problem Area at Discharge</b>
2	No	-		Polydrug
2	No	1		Alcohol
2	No	2		Drugs
2	No	3		Both Alcohol and Drugs
1	Yes	4		Not Applicable Co-dependents, colaaterals, significant others
1	Yes	5		No Diagnosis Children of Alcoholics
<b>109</b>	<b>Service at Discharge</b>	<b>SC</b>		<b>Setting Codes</b>
03	Hospital (Other than Detox)		(SC) Other Hospital Services NOT= DX	
01	Hospital Inpatient		(SC), Hospital Detox DX	
02	Free-Standing Residential		(SC), Hospital Detox DX	
05	Long-Term, >30 days		(SC), Halfway House HH	
05	Long-Term, >30 days		(SC), Long Term Residential LT	
06	Intensive Outpatient		(SC), Intensive Outpatient Rehab OR	
07	Outpatient		(SC),P Outpatient O	
05	Long-Term, >30 days		(SC),S Sanctuary N	
04	Short-Term, <=30 days		(SC),S Short Term Residential T	

# Crosswalk Report

OPSS\$PCUMMING

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Illinois' Treatment Episode Data Set  
Version : 1

K = Key Field

**Discharge**

Illinois

Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>146</b>	<b>Date of Last Contact</b>	-	<b>Date Of Last Conract</b>	
<b>147</b>	<b>Date of Discharge</b>	-	<b>Date Of Discharge</b>	
<b>149</b>	<b>Reason for Discharge , Transfer or Discontinuance of Treatment</b>	-	<b>Status Of Treatment At Discharge</b>	
01	Treatment Complete	01	Discharge Completion Of Treatmaent	
03	Terminated by Facility	02	Disciplinary Discharge	
02	Left Against Professional Advice (Drop Out)	03	No Show	
06	Death	04	Death	
02	Left Against Professional Advice (Drop Out)	05	Left Against Advice	
05	Incarcerated	06	Arrest	
07	Other	07	Other	
01	Treatment Complete	09	Discharge Co,pletion (CJS Mandate)	
04	Transferred to Another Substance Abuse Treatment Program or Facility			
98	Not Collected			



Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report